



PATENT

RECEIPT
4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kuracina, et al.

Application No.: 09/144,398

Filed: August 31, 1998

For: NEEDLE TIP GUARD FOR
HYPODERMIC NEEDLESAssistant Commissioner for Patents
Washington, D.C. 20231

Examiner: Not Yet Assigned

Art Group: 3734

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first class mail with sufficient postage
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Washington, D.C. 20231on September 29, 1998
Date of Deposit
Deborah A. McGovern
Name of Person Mailing Correspondence
W. McGovern 9-29-98
Signature DateREQUEST FOR CORRECTION OF OFFICIAL FILING RECEIPT

Dear Sir:

The official Filing Receipt form PTO-103X for the above referenced case indicates the number of total claims as being 136. The correct number of total claims is 132. This includes claims 1-45 and 94-180. For fee calculation purposes, there are 138 claims which include multiple dependent claims 30, 125, and 170 and claims 32, 127, and 172 which depend from claims 30, 125, and 170, respectively.

Enclosed is a copy of the incorrect Filing Receipt. Please have the official Filing Receipt changed to reflect the correct number of claims filed in this case. Please forward a corrected copy of the official Filing Receipt to the undersigned.

Please charge our Deposit Account No. 02-2226 for any discrepancy.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: 9-29, 1998RBCT
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SEP 28 1998

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/144,398	08/31/98	3734	\$1,806.00	002933.P001C	38	136	3

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BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

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CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CON OF 08/807,328 02/27/97

FOREIGN FILING LICENSE GRANTED 09/22/98
TITLE
NEEDLE TIP GUARD FOR HYPODERMIC NEEDLES

* SMALL ENTITY *

PRELIMINARY CLASS: 604